

AMENDMENT TRANSMITTAL LETTER				Docket No. 4342-0118PUS1																																																		
Application No. 10/568,760-Conf. #6665	Filing Date January 5, 2007	Examiner K. Habte	Art Unit 1624																																																			
Applicant(s): Marcello ALLEGRETTI et al.																																																						
Invention: AMIDINES AND DERIVATIVES THEREOF AND PHARMACEUTICAL COMPOSITION CONTAINING THEM																																																						
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="7" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;"></th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">7</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">52.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x</td> <td style="text-align: right;">220.00</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="6" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="6" style="padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: right; padding: 5px;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> <div style="margin-top: 20px; display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Mark J. Nuell Attorney Reg. No. 36,623</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 12770 High Bluff Drive, Suite 260 San Diego, CA 92130 (858) 356-5969</p> </div> <div style="width: 45%; text-align: right;"> <p>Dated: <u>September 29, 2009</u></p> </div> </div>						CLAIMS AS AMENDED								Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate		Total Claims	7	- 20 =	0	x	52.00	0.00	Independent Claims	2	- 3 =	0	x	220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							Other fee (please specify):							TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00
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